

Big Bug In My Beer

Solo

4 | C | V. | F | C | G+ G7 | C |

1=108

Verse 1

| C | V. | F | C | G+ | C A | D G | C |

Solo

Verse 2

| C | V. | F | C | G+ G7 | C |

V I

Solo Solo

V I

Solo + out

Clackamas, OR 97015-9764
10220 S.E. Sunnyside Road
Kaiser Permanente

Release of Information Department

1. Complete reverse side of form authorizing Kaiser Permanente to release your medical records.
2. Provide complete name and mailing address, where your records are to be sent.
3. Return to:

Instructions to patient

AUTHORIZATION FOR KAISER PERMANENTE TO RELEASE MEDICAL INFORMATION

SEE REVERSE SIDE FOR INSTRUCTIONS